SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 OF 47 (check only one) X 17
Any information copied from such Reports and Statements ror for commercial purposes, other than using the name and		ny person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Crawford for Congress	, .	
Full Name (Last, First, Middle Initial) A. KLF & COMPANY Mailing Address P.O. BOX 22642		Date of Disbursement O1 31 2015
State: District:		
Full Name (Last, First, Middle Initial) PLETH, LLC Mailing Address 2010 REYNOLDS STREET City State Zip Code BATESVILLE AR 72501 Purpose of Disbursement WEB SERVICES Candidate Name Category/		
Office Sought: House Disbursement Formation	Type or: 2016 / General (specify)	
Full Name (Last, First, Middle Initial) WINFREY & COMPANY Mailing Address 228 S WASHINGTON STREET		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code ALEXANDRIA VA 22314 Purpose of Disbursement FUNDRAISING EXPENSES Candidate Name Category/ Type		
Office Sought: House Disbursement Formation		SEE BELOW
SUBTOTAL of Disbursements This Page (optional)		4559.35

TOTAL This Period (last page this line number only).....